

UNITED STATES DISTRICT COURT

District of
MassachusettsWashington Mutual Bank,
Plaintiff,

V.

Dan W. Adams, Heidi K. Adams,
United States of America,
Commonwealth of Massachusetts
Department of Revenue, Delta
Funding Corporation and
Beneficial Massachusetts Inc.,
Defendants.

SUMMONS IN A CIVIL ACTION

CASE NUMBER:

05 11686 WGY

TO: (Name and address of Defendant)

United States of America

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

J. Patrick Kennedy, Esq.
Bulkley, Richardson and Gelinas, LLP
One Post Office Square, Suite 3700
Boston, MA 02109

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

SARAH A. THORNTON

CLERK

DATE

(By) DEPUTY CLERK



AUG 16 2005



Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999

Suffolk, ss.

August 24, 2005

I hereby certify and return that on 8/22/2005 at 1:30PM I served a true and attested copy of the Summons, Complaint and Cover Sheet in this action in the following manner: To wit, by delivering in hand to Raul Mendez, agent at the time of service for United States of America, at U.S. Attorney's Office, 1 Courthouse Way, U.S. Courthouse, Suite 9200 Boston, MA. U.S. District Court Fee (\$5.00), Basic Service Fee (IH) (\$30.00), Travel (\$1.00), Postage and Handling (\$1.00), Attest/Copies (\$5.00) Total Charges \$42.00

Deputy Sheriff George Slyva

Deputy Sheriff

Address of ServiceSignature of ServerDateExceeded on

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

DECLARATION OF SERVER

TRAVEL	SERVICES	TOTAL \$0.00
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STATEMENT OF SERVICE FEES Other (specify): Retained independent:

Name of person with whom the summons and complaint were left

Description when serving the defendant

 Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and Served personally upon the defendant. Place where served:

Check one box below to indicate appropriate method of service

NAME OF SERVER (PRINT)	TITLE
Service of the Summons and Complaint was made by me (initials)	DATE
RETURN OF SERVICE	

050/9539